



## **New Jersey Department of Children and Families Policy Manual**

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### **Resource Home Defined**

**3-19-2012**

“**Resource family home**’ means a private residence, located in New Jersey, other than a children's group home, treatment home, teaching family home, alternative care home or shelter home, in which board, lodging, care and temporary out-of-home placement services are provided by a resource family parent on a 24-hour basis to a child under the auspices of the Division, including a child placed by the Division for the purpose of adoption until the adoption is finalized.” (N.J.A.C. 10:122C-1.3(b))

Resource home placement is intended to be for a planned period of time until a child can be returned home or until another appropriate permanent plan is affected. Resource care is directed toward providing the child with a family life which promotes normal growth and development. Resource care services encompass the full range of CP&P casework services and other treatment and community services which are available to the child, the child's parent and the resource family.

### **CP&P Responsibilities**

**1-5-2009**

While a child is in resource care, the Division ensures that the child receives care and supervision appropriate to his needs. “The purpose of this subchapter is to identify the services that the Division shall provide to a child in out-of-home placement in its efforts to” (are designed to):

- “Provide the child with safe care while in out-of-home placement;
- Meet the child's physical, psychological, and other developmental needs;
- Assure the child's well-being;
- Help the child to understand the reasons for his or her out-of-home placement, the case goal, and to adjust to being a child in out-of-home

placement; and

- Achieve the case goal, which reflects the permanency plan for the child.

The provisions of this subchapter shall apply to each child in out-of-home placement, his or her out-of-home placement provider, his or her family and the Division.” (N.J.A.C. 10:122D-2.1 and 2.2)

Further, while the child is in resource care, CP&P has the responsibility for helping the family to identify all available and appropriate services to meet the individual needs of the child and the child's family. CP&P has the responsibility to arrange for the identified services and the parent and the resource parents are expected and encouraged to participate with the Division in meeting these responsibilities. Services included but are not limited to:

- case management (see below);
- health care services (see below);
- psychiatric and psychological services (see below);
- educational services (see [CP&P-VII-A-1-100](#));
- self-sufficiency of adolescent child placed in a resource home(see [CP&P-VI-B-1-300](#) );
- residential camp placements (see [CP&P-IV-B-8-200](#));
- day camp placements (see [CP&P-IV-B-8-200](#));
- day care (see [CP&P-IV-B-6-400](#));
- homemaker services (see [CP&P-IV-B-8-300](#); and
- residential placements (see [CP&P-IV-E-1-100](#)).

For out-of-state children in placement in New Jersey for whom CP&P provides courtesy supervision, CP&P assists with identifying service needs and service referral. The cost of services is borne by the sending state or the substitute care provider. See [CP&P-VIII-D-2-200](#).

In conjunction with the child, the child's parent, the resource parent, and service providers, the Worker completes a written assessment of the need for services and arranges for their provision as outlined in the case plan. See [CP&P-III-C-6-100](#)

CP&P may not release information regarding the child or the child's parent to other agencies or individuals except as specified in [CP&P-IX-G-1-100](#) and [CP&P-IX-G-1-200](#).

CP&P may not release information about the resource parent to other agencies or people without an Authorization for Release of Information, CP&P Form [26-15](#), signed by the resource parent giving CP&P permission to share specified information with the identified agency or individual.

When CP&P requires information from another agency, a signed Authorization for the Release of Information, CP&P Form [26-15](#) or CP&P [26-15\(S\)](#) (Spanish version) is obtained from the parent or the resource parent. The signed form authorizes the other agency/person to share information with CP&P. If the parent is not willing to sign the Authorization for Release of Information, see [CP&P-IX-G-1-100](#) and [CP&P-IX-G-1-200](#).

## **Case Management Services**

**10-19-2009**

“The Division representative shall have face-to-face and other contact with the child, out-of-home placement provider, parent and other interested parties according to N.J.A.C. 10:133D-2 and which is written in the case plan in order to:

- Develop, implement and update a case plan by assessing case needs, identifying services to meet those needs, including the role and responsibility of each party regarding the services, and establishing the case goal and assessing progress toward achieving the case goal in a timely manner;
- Provide advocacy and support services to all parties, within program and fiscal parameters;
- Assist the child and out-of-home placement provider to establish and maintain an ongoing and supportive relationship for the duration of the child's placement;
- Update the child, out-of-home placement provider, parents and other parties on the progress toward achieving the case goal, consistent with the confidentiality provisions of N.J.S.A. 9:6-8.10a and N.J.A.C. 10:133G;
- Facilitate visits in accordance with the case plan between the child, parent, siblings and other interested relatives...” See [CP&P-IV-A-5-100](#), Visitation Between the Child and His or Her Family; “and
- Meet the requirements of the Child Placement Review Act, N.J.S.A. 30:4C-50 et seq.” as outlined in [CP&P-IV-A-3-200](#). (N.J.A.C. 10:122D-2.4(a))

“The Division representative shall have face-to-face contact with the parent, when applicable, the out-of-home placement provider and the child in accordance with N.J.A.C. 10:133D-2.7, 2.8 and 2.9.” (N.J.A.C. 10:122D-2.4(b))

See [CP&P-I-A-1-200](#), Case Management Philosophy, [CP&P-I-A-1-300](#), Partnership in Assessment, Case Planning, and Service Implementation; [CP&P-III-B-4-400](#), Case Goals, [CP&P-III-C-3-100](#), In-Person Visits with Clients and Out-of-Home Placement Providers (MVRs), and [CP&P-III-C-6-100](#), Collecting Information and Negotiating Case Plan.

## **Health Care Services**

**4-23-2012**

“The Division representative shall make every reasonable effort to assure that each child in out-of-home placement receives appropriate and necessary health care, including mental/behavioral health services.” (N.J.A.C. 10:122D-2.5(a))

“For each child initially entering out-of-home home placement, the Division representative shall obtain a pre-placement assessment at the time of placement,” using CP&P Form [11-3](#), Pre-Placement/Re-Placement Assessment. See [CP&P-V-A-1-130](#) for a discussion of Pre-Placement Assessment (Health). See [CP&P-V-A-1-120](#) for information about Comprehensive Health Evaluations for Children (CHEC). “The Division representative shall establish a health care record for each child and shall provide the out-of-home placement provider with a health care record, which documents health information concerning the child, including, but not limited to:

- The names and addresses of the child's health care providers;
- A record of the child's immunizations;
- The child's known medical problems, if any, including the results of any lead tests;
- The child's medications, if any;
- The child's allergies, if any;
- The child's birth and developmental history;
- The family health history, if known and appropriate, in accordance with Federal regulations; and
- The child's mental/behavioral health needs.” (N.J.A.C. 10:122D-2.5(b))

CP&P is responsible for determining the health needs of each child entering resource care and for ensuring that each child is free from contagious diseases. Therefore, the parent should be involved in providing as much health history and information as possible so that the Division and the resource parent is aware of the child's medical background and needs and can obtain necessary services.

“The Division representative shall maintain a health care record for each child. The Division representative shall review and update the child's health record at the time of each placement into out-of-home placement. The Division representative shall provide the updated record to the out-of-home placement provider.” (N.J.A.C. 10:122D-2.5(c) and (d))

“The Division representative shall assure that the child receives a medical examination at least annually after the initial medical examination performed at the time of placement, and a dental examination at least semi-annually for each child age three years and older. The type and frequency of the examinations shall be based on the child's age and medical needs,” as outlined in [CP&P-V-A-1-250](#). (N.J.A.C. 10:122D-2.5(f)) The Division is also responsible for assuring that every child in resource care participates in the EPSDT program. See [CP&P-V-A-3-800](#), Early and Periodic Screening, Diagnosis and Treatment (EPSDT).

“The out-of-home placement provider shall be responsible for arranging and providing care to meet the child's health needs, including, but not limited to, medical and dental examinations, ongoing care, mental/behavioral health services and follow-up care, as agreed to with the Division representative, and shall provide the Division representative with information concerning the child's health care, including mental/behavioral health care, and needs.” (N.J.A.C. 10:122D-2.5(g))

“The Division representative shall share health care information concerning the child with the child's parents, and the out-of-home placement provider, at the time of the child's placement or as soon as practical.” (N.J.A.C. 10:122D-2.5(h))

## **Resource Parent Responsibilities for the Child's Health Care 12-2-93**

Although the basic responsibility for the child's health care rests with CP&P, the resource parent is responsible for meeting the child's daily and routine health needs, including teaching the child appropriate personal hygiene. For guidelines regarding a resource parent's responsibilities related to medical care, see [CP&P-IV-B-6-300](#).

## **Obtaining Health Services 9-7-84**

Health services are designed to treat or prevent diseases or disabilities. The process of obtaining health services includes:

- identifying possible health problems;
- referring the child to the appropriate provider;
- ensuring the child's transportation to and from the provider, see [CP&P-IV-B-6-300](#);
- consenting to examination and treatment, see [CP&P-III-C-9-100](#);

- ensuring appropriate health care coverage information is given to the health care providers, see [CP&P-IV-A-4-100](#) and [CP&P-IV-B-6-300](#);
- assisting providers in resolving billing problems; and
- redetermining the availability of the third party insurance coverage every six months.

## **EPSDT**

**9-7-84**

The Early Periodic Screening Diagnosis Treatment program (EPSDT) is a federal program designed to identify and meet the health needs of recipients of Title XIX monies. CP&P cooperates with the program in accordance with the requirements specified in the Health Services Manual, [CP&P-V-A-3-800](#).

## **Death of a Child in Resource Care**

**12-2-93**

When a child in resource care dies, CP&P is responsible for notifying the child's parent, resource parent or caregiver in person, and for providing the support and guidance necessary to help them. The Worker proceeds according to the Health Services Manual, [CP&P-V-A-6-200](#), [CP&P-V-A-6-600](#) and [CP&P-V-A-6-700](#).

## **Procedures Related to Physical/Dental Health Care**

**4-23-2012**

<b>Responsibility</b>	<b>Action Required</b>
Worker	<ol style="list-style-type: none"> <li>1. Ensure that each child in resource care is determined eligible and enrolled in either the Code 60 or 65 program, according to CP&amp;P procedures. See <a href="#">CP&amp;P-V-A-2-200</a> and <a href="#">CP&amp;P-V-A-4-100</a>.</li> <li>2. Obtain a medical examination at the time of placement for each child entering resource care, by having a CP&amp;P Form <a href="#">11-3</a>, Pre-Placement/ Re-Placement Assessment, completed for review and filing in the case record. The child's medical history is recorded on the CP&amp;P Form <a href="#">11-10</a>, and a copy is given to the resource parent.</li> <li>3. Ensure follow-up medical care as indicated.</li> <li>4. Assure that the resource child receives a medical and a dental examination at least annually. The physical examination results are recorded on CP&amp;P Form <a href="#">11-2</a> and the CP&amp;P Form <a href="#">11-10</a> is updated.</li> </ol>

Resource Parent	<p>5. Notify CP&amp;P of any health needs the child may develop.</p> <p>6. Obtain medical and dental care for the child on a routine and emergency basis.</p> <p>7. Notify CP&amp;P immediately of any emergency care needed by the child.</p> <p>8. Use Medicaid providers only.</p>
Worker	<p>9. Provide appropriate health care coverage information to medical providers.</p> <p>10. Assist the resource parent in securing reimbursement for transportation by providing information on appropriate forms.</p> <p>11. Cooperate with the EPSDT program.</p> <p>12. Update the CP&amp;P Form <a href="#">11-10</a>, Health Passport and Placement Assessment, for placement conferences, regional reviews and if the child moves to another placement.</p> <p>13. Notify the child's parent, resource parent, or caregiver, as appropriate, of the death of the child.</p>

## Psychiatric and Psychological Services

1-5-2009

“The Division representative shall make every reasonable effort to assure that each child in out-of-home placement receives appropriate and necessary health care, including mental/behavioral health services.” (N.J.A.C. 10:122D-2.5(a))

Psychiatric and psychological services are used for the diagnosis and treatment of emotional, personality, learning, and behavioral disturbances. Whenever the Worker, in consultation with other professionals, the child's parent, and the resource parent, believes that the child requires psychiatric or psychological services, the Worker refers the child to the appropriate community facilities or private practitioners. The provider shall be:

- licensed to practice in the State of New Jersey, (psychiatrists may be licensed in any state);
- skilled through training and experience to meet the child's particular needs;
- in a geographically convenient or accessible location; and

- willing to provide services through the Medicaid program or through a State Aid contract. See [CP&P-V-A-1-900](#) for licensing and contracting requirements for psychiatric and psychological services.

The resource parent's support of the treatment plan and continued acceptance of the child is essential to the child's adjustment and progress in treatment. See [CP&P-IV-B-6-300](#) for a description of the resource parent's responsibilities regarding their involvement in psychological and psychiatric services.

The Worker assesses the appropriateness of the child's ongoing treatment through periodic reports and direct contact with the provider and the child. Progress toward the treatment goal is documented in the case record.

### **Procedures Related to Psychiatric and Psychological Services 8-29-91**

<b>Responsibility</b>	<b>Action Required</b>
Worker	1. Determine the child's need for psychiatric or psychological service, and initiate an appropriate referral. See <a href="#">CP&amp;P-V-A-1-900</a> for requirements for licensing and contracting for services.
Resource parent	2. Provide transportation for the child, submitting a CP&P Form <a href="#">K-100</a> for reimbursement for transportation for special needs. See <a href="#">CP&amp;P-IV-B-6-300</a> . See <a href="#">CP&amp;P-IX-F-1-300</a> and CP&P Form <a href="#">16-76</a> , Special Approval Request, for policy and procedures, if the resource parent must have immediate reimbursement for travel costs.
Worker/ResourceParent	3. Participate in evaluations and conferences when requested or required. See <a href="#">CP&amp;P-IV-B-6-300</a> .
Resource Parent	4. Perform recommended tasks at home as a follow-up to the treatment sessions.  5. Participate in the treatment sessions when requested.
Worker	6. Assess and document in the case record the appropriateness of the child's ongoing treatment.